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CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date.			
Typed or Printed Name		Judy Morrow	
Signature		Date	May 24, 2000
INFORMATION DISCLOSURE STATEMENT Address to: Assistant Commissioner for Patents Washington, D.C. 20231		Attorney Docket	TOSK-004
		First Named Inventor	Fogarty
		Application Number	09/472,654
		Filing Date	December 27, 1999
		Group Art Unit	1648
		Examiner Name	Unassigned
		Title	In Vivo High Throughput Toxicology Screening Method

Sir:

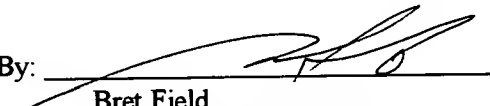
This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815 may be charged therefor.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: 5.23.00

By: 
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Typed or Printed Name Judy Morrow

Signature

Date

May 24, 2000

**NON FEE
TRANSMITTAL**

*Note: Effective October 1, 1998.
Patent fees are subject to annual revision.*

Attorney Docket Number

TOSK-004

First Named Inventor

Fogarty

Application Number

09/472,654

Filing Date

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Group Art Unit

1648

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Unassigned

Title

In Vivo High Throughput Toxicology
Screening Method

Enclosed are the following documents:

1 page Non Fee Transmittal
1 page Information Disclosure Statement with 1449
16 References
Postcard

CLAIMS

No. of claims as filed
or after amendment

Most claims
previously paid

Extra
claims

Fee from
below

Fee
Due

Total claims

20

-

20

=

x

=

Ind. claims

4

-

3

=

x

=

Multiple Dependent claims

x

=

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim
109	78	209	39	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of and over original patent

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name

Bret Field, BOZICEVIC, FIELD & FRANCIS LLP

Reg. Number

37,620

Signature

Date

5.23.00

Deposit Account